

Preston Grove Medical Centre

Quality Report

Preston Grove Medical Centre
Preston Grove
Yeovil
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Preston Grove Medical Centre on 3 November 2016. The overall rating for the practice was good. The practice was rated as good for providing effective, caring, responsive and well-led services and requires improvement for providing safe services. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Preston Grove Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 17 July 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 3 November 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good. The practice is rated as good for providing safe services.

At our previous inspection on 3 November 2016, we rated the practice as requires improvement for providing safe

services. This was because the arrangements in respect of infection prevention and control, management of medicines and the management of staff training were not adequate.

At this inspection on 17 July 2017 our key findings were as follows:

- The practice had an induction programme for newly appointed staff which now included mandatory training in respect of infection prevention and control, safeguarding adults and the Mental Capacity Act (2015).
- The staff training matrix evidenced that all staff had undertaken appropriate training to their role including; safeguarding adults training, infection prevention and control training and Mental Capacity Act training. We saw training records showed that staff who supported patients with long term conditions had received relevant refresher training including updates in asthma and diabetes.
- There were arrangements in place to assess and monitor the risk, prevention, detection and control of the spread of infections.
- Medicines, including the required arrangements for temperature control of vaccine storage, were managed appropriately.

Summary of findings

- The practice had made improvements in arrangements to support patients with diabetes.
- Medicines including the required arrangements for temperature control of vaccine storage, were managed appropriately.
- The practice had made improvements in arrangements to identify and support patients who were also carers.
- Telephone access arrangements to the practice had improved for patients.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

At our previous inspection on 3 November 2016, we rated the practice as requires improvement for providing safe services. This was because the arrangements in respect of infection prevention and control, management of medicines and the management of staff training were not adequate.

At this inspection on 17 July 2017 we found:

- Systems had changed to ensure monitoring of staff induction and training took place.
- All staff had undertaken appropriate mandatory training and relevant refresher training including asthma and diabetes.
- Medicines including the required arrangements for temperature control of vaccine storage were managed appropriately.
- There were arrangements in place to assess and monitor the risk, prevention, detection and control of the spread of infections.

Good



Are services effective?

At our inspection in November 2016 we rated the effective domain as good. However we said the provider should improve the performance for diabetes indicators.

At this inspection in July 2017 we found the practice had made significant steps in the provision of diabetic services to patients.

Good



Are services caring?

At our inspection in November 2016 we rated the caring domain as good. However we said the provider should identify carers more effectively and ensure they receive the information needed.

At this inspection in July 2017 we found the identification of carers had increased from 1% to 1.3% of the practice population.

Good



Are services responsive to people's needs?

At our last inspection in November 2016 we rated the responsive domain as good. However we said the provider should review the arrangements for telephone access to ensure patients can contact the practice easily.

At this inspection in July 2017 we found the provider had taken active steps to improve arrangements for telephone access for patients.

Good



Preston Grove Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The Inspection was led by an Assistant Inspector. The team included an Inspection Manager.

Background to Preston Grove Medical Centre

Preston Grove Medical Centre is located in the town of Yeovil. The practice serves a local population of approximately 12,360 patients from the town and the surrounding area. The report relates to the Regulated Activities carried out at:

Preston Grove Medical Centre

Preston Grove

Yeovil

Somerset

BA20 2BQ

There is parking on site including spaces for patients with a disability.

The practice has eight GPs, seven of which are partners. Between them they provide forty nine GP sessions each week and are equivalent to 5.8 whole time employees (WTE). Four GPs are female and four are male. There are ten practice nurses, whose working hours are equivalent to 5.25 WTE, including five non-medical prescribers who offer nineteen sessions per week.

Three health care assistants (known as health technicians) are also employed by the practice with combined hours of 1.7 WTE. The GPs and nurses are supported by twenty three

management and administrative staff including business, performance and office managers and department managers and team leaders for clinical systems, reception and administration.

The practice's patient population is expanding and has slightly fewer patients between the age of 25 and 39 years than the national average. Approximately 21% of the patients are over the age of 65 years compared to a national average of 17%; and 3% of patients are over the age of 85 years, compared with a national average of 2%.

The practice supports patients in eighteen nursing and residential homes. Approximately 47% of patients have a long standing health condition compared to a national average of 54%. The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the seventh least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. It is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas).

Average male and female life expectancy for the area is the same as the national average of 79 and 83 years respectively and one year less than the Clinical Commissioning Group average.

The practice is open between 8.30am and 6.30pm Monday to Friday. Appointments are available from 8:30am until 11.30am and between 3pm and 6pm. The practice operates a mixed appointments system with some appointments available to pre-book and others available to book on the day. Extended hours appointments are offered on Tuesdays, Wednesdays and Thursdays from 6.30pm until 7pm and on Saturdays from 8.30am until 11.30am. The

Detailed findings

practice also offers telephone consultations. At evenings and weekends, when the practice is closed patients are directed to the NHS 111 and out of hours service operated by another provider.

The practice offers online booking facilities for non-urgent appointments and an online repeat prescription service.

The practice has a Personal Medical Services (PMS) contract to deliver health care services; the contract includes enhanced services such as childhood vaccination and immunisation scheme, facilitating timely diagnosis and support for patients with dementia and minor surgery services. An influenza and pneumococcal immunisations enhanced service is also provided. These contracts act as the basis for arrangements between the NHS Commissioning Board and providers of general medical services in England.

The practice is a teaching practice and two registrar GPs placed with them at the time of our inspection. The practice also hosts placements for medical students. Three of the GPs are GP trainers.

Why we carried out this inspection

We undertook a comprehensive inspection of Preston Grove Medical Centre on 3 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on November 2016 can be found by selecting the 'all reports' link for Preston Grove Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Preston Grove Medical Centre on 17 July 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

During our visit we:

- Spoke with a range of staff including the practice manager, a GP partner, two senior managers and two practice nurses.
- Reviewed Staff files, the induction check list and the staff training matrix
- Reviewed arrangements for Infection prevention and control; including the Infection prevention and control audits and cleaning schedules for specialised equipment.
- Reviewed waste management and cold chain policies and procedures.
- Reviewed arrangements to safely manage the storage of vaccines including fridge temperature control schedules and policies and procedures.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 3 November 2016, we rated the practice as requires improvement for providing safe services. This was because the arrangements in respect of infection prevention and control, management of medicines and staff training were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 17 July 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

At our last inspection in November 2016 we found;

Training records presented gaps in training of safeguarding children and vulnerable adults. The induction checklist did not show that safeguarding or the Mental Capacity Act had been included.

There were systems in place for infection control in place. However, an annual infection control audit had not identified:

- Infection control training had not been included on the induction and training programme. The required purple topped sharps bins for cytostatic medicinally-contaminated waste (for example needles used to inject hormone containing medicines such as contraceptive implants and testosterone) were not being used as per practice policy.
- Evidence was not available to show that specialist equipment had not been adequately cleaned. For example, the schedule for cleaning of equipment for ear syringing and spirometer (equipment used to test patients' respiratory function).
- Temperatures for vaccine storage had been recorded as being outside the manufacturers' acceptable range. However, there was no evidence that such risks had been brought to the attention of senior managers or that any action had been taken.

At this inspection in July 2017 we found that;

- The practice had updated the recruitment policy in August 2016. We saw the induction checklist now included all mandatory training including safeguarding vulnerable adults, safeguarding children and Infection prevention and control training. We reviewed a staff file

of the most recent staff member recruited by the practice and observed they had completed all mandatory training, in accordance to the recruitment policy and procedure.

- The office manager was now responsible for the oversight of all staff training. We saw the practice utilised a training spreadsheet to monitor mandatory and specialised training and had identified when staff were due to undertake refresher training.
- We found all staff had completed all mandatory training including; Mental Capacity Act training, deprivation of liberty safeguards training, infection prevention and control training and information governance. All staff at the practice had completed safeguarding vulnerable adults training and safeguarding children training to a level appropriate to specific roles and responsibilities.
- We saw clinical staff had received specialised training between October 2016 and December 2016 including; diabetes training, asthma and chronic obstructive pulmonary disease training, child immunisations training and learning disabilities training.
- The practice had two safeguarding leads who had attended external training events and had cascaded safeguarding updates to all staff through weekly meetings and during half day training session attended by clinical staff each month and all staff every three months.
- An infection prevention and control audit had been undertaken in May 2017. The audit included an action plan which identified actions required to resolve issues, action taken and the date of completion.
- We found that infection prevention and control training had been undertaken by all staff including staff that had recently completed induction training.
- We found the practice now utilised purple topped sharps bins for cytostatic medicinally-contaminated waste (for example needles used to inject hormone containing medicines such as contraceptive implants and testosterone) in accordance to the clinical waste management policy and procedure which had been reviewed in November 2016.
- Following our last inspection in November 2016, the practice had updated their infection prevention and control policy and procedure to include regular cleaning

Are services safe?

and calibration of specialised equipment. We reviewed cleaning schedules which evidenced the practice had undertaken daily and weekly cleaning of the nebulisers, respiratory equipment, ear syringing equipment and the spirometer (equipment used to test patients' respiratory function). We saw that the spirometer had been calibrated after each use. We found staff had protected time to undertake cleaning and calibration tasks and the lead infection prevention and control nurse checked cleaning schedules weekly and had completed an annual infection prevention and control audit in May 2017.

- The practice had reviewed the cold chain policy and procedure in November 2016 and May 2017. At our last inspection in November 2016 we had identified the

temperature of a fridge used to store vaccines had been recorded as being outside the manufacturers' acceptable range (2°C– 8°C). We saw the practice had held a significant event meeting in November in 2016 and had purchased a new fridge. We saw evidence staff were recording the fridge temperatures each day and used information from data loggers used to record fridge temperatures. The practice manager audited information from the data loggers and temperature checklists every week. Staff we spoke with demonstrated they understood what action to take, in accordance to the policy and procedure, in the event the temperatures of fridges fell outside the manufacturers' acceptable range.

Are services effective?

(for example, treatment is effective)

Our findings

At our inspection in November 2016 we rated the effective domain as good. However we said the provider should improve the performance for diabetes indicators. At the inspection in November 2016 we found the practice performance for diabetes related indicators was 22% below the clinical commissioning group average and national average.

At this inspection in July 2017 we found the practice had:

- Improved Quality and Outcomes Framework achievements; data showed that (QOF) achievement for patients with diabetes had increased from 57% in 2014/15 to 66% in 2015/16 which compared to the CCG average of 73%. The practice was aware further improvement was required.
- A GP partner who was the diabetes lead within the Somerset federation. Practice staff had undertaken two training sessions with a diabetic consultant who had been scheduled to visit the practice every four months. The next training session had been schedule for November 2017.
- Utilised health coaches to support patients with diabetes; they had written to and telephoned patients to attend appointments to monitor their diabetes.
- Continued to provide individual diabetes management strategies and provided patients with information from appropriate evidenced based sources.
- Worked collaboratively with a consultant diabetic nurse and held 'virtual' clinics for patients with diabetes in order to tailor treatment to each individual patient with diabetes.

Are services caring?

Our findings

At our inspection in November 2016 we rated the caring domain as good. However we said the provider should identify carers more effectively and ensure they receive the information needed. At the inspection in November 2016 we found that only 118 patients (1%) had been identified as carers.

At this inspection in July 2017 the provider had:

- Identified a further 39 patients who were carers since our last inspection in November 2016. This included the identification of young carers.
- Appointed a carers champion and utilised health coaches to identify, support and signpost patients who were carers. The health coaches at the practice participated in; monthly coffee mornings for patients who had been diagnosed with Parkinson's disease; and actively participated with the local memory café to engage with carers.
- Introduced a carers' notice board in the waiting area to better inform carers of the support networks available locally.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our inspection in November 2016 we rated the responsive domain as good. However, we said the provider should review arrangements for telephone access to ensure patients can contact the practice easily.

At this inspection in July 2017 we found:

- Patient Survey (July 2017) results showed 64% of patients could get through easily to the practice by

phone compared to the national average of 71% and the CCG average of 77%. The results showed an increase of 6% in satisfaction levels since our inspection in November 2016.

- The practice had six administrators available to answer telephone calls and provide appointments each day. Additional phone lines were available to handle increased call volumes if required.
- The practice had not received any complaints relating to telephone access since our last inspection in November 2016.